

# Independent Review Board

STATE OF WISCONSIN

## MINUTES OF THE MEETING OF MARCH 28, 2003

### Attendance

**Board Members:** Vice-Chair Dr. Paul Millea; Eileen Mallow; Jerry Popowski; and Dr. David Zimmerman. Dr. Jay Gold by telephone.

**BHI Staff:** Sandra Mahkorn, M.D.; Martha Davis, Chief, Workforce and Provider Survey Section; Judith Nugent, Chief, Person-Level Data and Analysis Section; Richard Miller.

**Others Present:** Barbara Rudolph, Center for Health Systems Research and Analysis.

### Call to Order

Dr. Millea called the meeting to order at 10:00 a.m. Dr. Millea announced that he is chairing the meeting today as Dr. Gold is in New York and attending the meeting by telephone. A quorum was deemed present.

### Minutes of the January 17, 2003 meeting

Dr. Millea referred Board members to the minutes of the January 17, 2003 meeting. There were no comments or questions. Ms. Mallow moved to approve the minutes, and the motion was seconded. Board members voted unanimously for approval.

### Physician Office Visit (POV) data collection project update

In Mr. Chapin's absence, Ms. Nugent provided an update regarding the language in the proposed budget to remove the POV project. Mr. Gary Radloff, DHFS Legislative Liaison, was directed to form a workgroup of major stakeholders, which include members from the Wisconsin Medical Society, Wisconsin Hospital Association, Wisconsin Manufacturers and Commerce, employer coalitions, etc. The workgroup is charged with looking at the uses of health data and the sources of data. It is focusing on POV, but is also broader than POV. A technical subcommittee, led by Wisconsin Medical Society, includes John Chapin, Pat Remington, and other stakeholders who expressed an interest in the technical issues. An internal group, consisting of actual team members who work on POV, Richard Miller, Dr. Mahkorn, and others, are looking at what problems exist with the current POV data collection system and what options could be suggested to make it better. This third effort is simply to feed information into the technical subcommittee, to look at what else is out there in terms of technical data and what other data sources are out there that might provide value. The large data group is meeting every two weeks. It is hoped that a common ground can be found.

Dr. Zimmerman stated the IRB should consider what its role should be in a time when there is uncertainty about what will happen. Technically speaking the law is still in existence and the IRB should move forward, but in reality there is a question whether the law will stay as it is and what the IRB will do with respect to the POV. He stated it could be inefficient use of time to continue under the delusion that there will be no change. So, it is an issue for IRB discussion.

Dr. Millea expressed concern about releasing data under current circumstances as it might be considered a political review board rather than independent review board. If this project is changed

we might be seen as trying to sneak something out.

Dr. Gold stated there is a going concern that the statute may be changed, but that is unknown. In the meantime, there is a mandate to the Department and to the IRB to move forward with establishing policies for the use of POV data. He also expressed concern as to why no one from the IRB is a member of the workgroups/committees.

Dr. Zimmerman agreed and asked if the IRB should ask the administration what it thinks in terms of the IRB's role. There is a proposal in the budget that would eliminate the POV project, which is the reason for IRB existence. Carrying on as if nothing is going to happen may not be the best strategy. Dr. Zimmerman asked if the budget were to pass in its current form, subject to clarification, would it mean that this project would be shut down? In turn, would there be no release of POV data, and would that be retroactively applied to current data requests that might be in the pipeline?

Ms. Nugent stated that BHI just does not know at this point in time. All points raised are good points that should be pursued, but we have an obligation to implement current statute and rule, so we must proceed.

Dr. Gold asked what role the IRB could play in helping to save the current conversation. When these workgroups were put together to work on policy, why was no one from the IRB included? Ms. Nugent said that Mr. Radloff is aware of the IRB, but because it is so new, this had not been thought through.

Ms. Mallow asked for clarification as to what the Secretary was expecting as far as a work product from this workgroup. Ms. Nugent stated that the purpose of the group was to outline the health care data needs for the present and future, options for obtaining health care data, and recommend statutory changes necessary to implement changes and issue progress reports until the workgroup assignment is complete. They are drafting a mission statement at this point

Dr. Gold suggested that, because of the meeting schedules of the workgroups, the IRB meeting schedule be examined so key players will not be missing. Dr. Millea suggested that we recognize this as an issue, try to adjust schedules so everyone can be here, and notify IRB members through e-mail or other mechanism.

Dr. Millea stated that if requests for data are submitted under current law, the IRB should move ahead. Dr. Gold agreed completely. Mr. Popowski ask that Mr. Chapin update the IRB on the progress of the health care data workgroup before the next IRB meeting.

### **POV Data Quality Report update**

Mr. Miller provided a handout summarizing the comments received from reviewers on the draft POV Data Quality and Completeness Report. Comments addressed content issues as well as stylistic issues. The report has not been re-drafted yet so additional comments can be submitted. A second draft will be ready for internal review at the end of April or middle of May.

### **Outline strategy for case mix and severity adjustment**

Dr. Zimmerman distributed a document titled "Independent Review Board Decisions Regarding Custom Data Requests from the POV Data Collection" for discussion.

This report attempts to address some of the major issues in terms of risk adjustment. It is not a detailed literature review or path for actually adjusting for risk. IRB authority is not clear except that it has very limited authority to adopt various risk-adjustment strategies. Virtually, the IRB does not have resources with which to do whatever activities deemed necessary and major limitations exist with this dataset which will place strong restrictions in terms of risk-adjustment. Dr. Zimmerman suggested the Department should propose recommendations to the IRB, the IRB will review the

recommendations and then the IRB will make recommendation to the Board on Health Care Information. First, the IRB must have the risk adjustment strategies. Procedures are contingent upon what strategies are available and approved. Then, the IRB needs to determine criteria to determine if risk adjustment needs to be performed before release of POV data. The dilemma is that most existing risk adjustment methods apply to only inpatient settings and very little knowledge or information has been acquired for outpatient data.

We have very few elements in the existing POV database that actually could be used for risk-adjustment. There is diagnostic information but the diagnostic information is limited to a single diagnosis and relates to a single visit. Comorbidities that accompany the presenting patient do not follow along and therefore would not be available in this database. The constraints are considerable.

Dr. Millea proposed as an agenda item that the Department come up with a report on what risk adjustment methods are available and what the options are. Dr. Gold agreed. Dr. Mahkorn stated that part of risk adjustment is understanding the variation in the data.

Dr. Millea stated there would be inadequacies and blind spots. Therefore, when releases of data are approved, there should be a requirement for annotating the limitations of the data. The IRB should come up with standard annotations because of the limitations of the data.

Dr. Millea asked the Department to provide a report at the next IRB meeting of available risk adjustment strategies and the limitations of each. Dr. Zimmerman moved to approve this request, and the motion was seconded. Board members voted unanimously for approval.

### **Procedure for receiving requests**

Procedures for receiving requests are partially covered in the document that Dr. Zimmerman presented to the IRB today. It was determined that IRB members should read the document first and this issue addressed at a later date.

### **Deliberative process**

Dr. Millea wondered if it is premature to discuss how the IRB will deliberate. Information that would be helpful for the IRB is whether there are commonly accepted processes and procedures, or steps that institutional review boards use in their deliberations as a matter of course. Ms. Mallow suggested that a Department attorney discuss open records law regulations at an IRB meeting. The state open records law sets the framework but the statute clearly protects the data.

### **Items for upcoming Board meeting**

- Discussion of available risk adjustment strategies.
- Linkage of IRB to health care data workgroup.
- Update from Mr. Chapin or Mr. Radloff.

### **Next Board meeting**

Dr. Millea asked if the May 16, 2003 meeting could be delayed until after the first of June. Mr. Popowski moved to cancel the May 16, 2003 IRB meeting and the motion was seconded. It was unanimously approved that the next meeting will be Friday, July 18, 2003, 10:00 a.m. to 12:00 p.m. at the State Office Building, 1 West Wilson Street, Conference Room 372, Madison, Wisconsin.

**Adjournment**

Dr. Millea adjourned the meeting at 11:55 a.m.